



**Authorization to Release ALEKS Assessment Test Scores**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
\*Test Date(s) \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Wilmington University to release my ALEKS scores to:

University Name \_\_\_\_\_ Administrator Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

**Please email the completed form to the email address listed below. If you prefer, you may fax or mail the form to the address and number provided below.**

**Dedra Poe**  
**Wilmington University**  
**320 North DuPont Highway**  
**New Castle, DE 19720**  
**Email: [dedra.a.poe@wilmu.edu](mailto:dedra.a.poe@wilmu.edu) or**  
**[placementtesting@wilmu.edu](mailto:placementtesting@wilmu.edu)**  
**Phone: 302-356-6984**  
**Fax: 302-328-9419**

**\*I understand that this release is for the specified test date(s) only**